State of New Mexico
Voucher Batch Report
BusinessUnit 66500 Department of Health
Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD
AsofDate 03/01/2013

3000008323 03/06/13

Voucher Number	Vchr Line	VchrLineDescr	Distr Line#	Account	Account Description	Fund	VendorName	1099 WithHold	Accounting Period Year	Accounting Period Month	PurchaseOrder	Invoice Number	Total Amount
00327437	1	I/S meals & lodging	1	542200	Employee I/S Meals & L	06105	NASH GAYLE-001		2013	02	0000098378	Nash, G. 1.28-2.	420.00
												Total For Voucher	420.00

JM

New Window | Help | Customize Page

Summary | Invoice Information | **Payments** | Voucher Attributes | Error Summary

Business Unit: 66500
Voucher ID: 00327437
Voucher Style: Regular

Invoice Number: Nash, G. 1.28-2.1.13
Invoice Date: 02/28/2013
Total: 420.00

Vendor: NASH, GAYLE C
1190 ST FRANCIS DR N 4100
SANTA FE, NM 87502

***Pay Terms:** Pay Now | Schedule Payments

Payment Information

Find | View All First 1 of 1 Last

Scheduled Payment: 1
***Remit to:** 0000099443
Location: 001
***Address:** 1

NASH, GAYLE C
1190 ST FRANCIS DR N 4100
SANTA FE, NM 87502

Gross Amount: 420.00 USD
Discount: 0.00 USD **Discount Denied**
Late Charge
Scheduled Due: 02/28/2013
Net Due: 02/28/2013
Discount Due:
Accounting Date:

Payment Method

***Bank:** WFB10
***Account:** B
***Method:** ACH ACH
Message:
Message will appear on remittance advice.

Pay Group:
***Handling:** RE
***Netting:** N

Messages

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Summary | Invoice Information | Payments | **Voucher Attributes** | Error Summary

Business Unit: 66500 **Invoice Number:** Nash, G. 1.28-2.1.13

Voucher ID: 00327437 **Invoice Date:** 02/28/2013

Voucher Style: Regular **Total:** 420.00

Voucher Processing

☑ **Post Voucher** ☐ **Close Voucher**

☑ **Revalue Voucher** ☐ **Delete Voucher**

Saved

Accounting Instructions

***Accounting Template:** STANDARD **Account At:** Gross

Match Action

***Status:** Ready

☐ **Pay UnMatched Voucher**

Transaction Currency

***Source:** Tables ***Currency:** USD **Rate Type:** CRRNT **Exchange Rate:** 1.00000000

Voucher Approval

***Approval:** Specify at this Level **Business Process:** PROCESS_VOUCHERS

Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

***SBI Num Option:** Group Vouchers (Auto-Nur **SBI Number:**

Prepayment

Prepayment Reference: ☐ **Automatically Apply Prepayment** ☐ **Postpone Withholding**

Letter of Credit

Letter of Credit ID:

Tax Group

AGENCY NAME: DEPARTMENT OF HEALTH

STATE OF NEW MEXICO
ITEMIZED SCHEDULE OF TRAVEL EXPENSES

PAGE	DATE
1	2/1/2013
AGENCY CODE 66500	VOUCHER NUMBER 00327437

NAME: Gayle Nash	CAR LICENSE NUMBER: 1768	POST OF DUTY: Las Cruces	PROPOSED (ADVANCE VOUCHER) ☐
VENDOR NUMBER: 99443	MODEL: Nissan	RESIDENCE: Las Cruces	ACTUAL (RECOUPMENT VOUCHER) ☐
REG. WORK DAY: 8:00 AM THRU 5:00 PM	YEAR: 2011		

DATE	TIME: SHOW AM OR PM DEPARTURE	ARRIVAL	CHARACTER OF EXPENDITURES: ENTER DESTINATION, NATURE OF OFFICIAL BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION	ODOMETER/MAP MILES: ENTER START & FINISH	NO. OF MILES	AMOUNTS: MILEAGE	PER DIEM	MISCELLANEOUS	AMOUNTS
					0	0.00			0.00
1/28/2013	6:00am		Depart Las Cruces to Santa Fe- S.Fe rates apply*			0.00	$ 135.00		135.00
1/29/2013			Depart Santa Fe to Silver City-overnight			0.00	$ 85.00		85.00
1/30/2013			Overnight			0.00	$ 85.00		85.00
1/31/2013			Overnight			0.00	$ 85.00		85.00
2/1/2013		6:00pm	Depart Silver City to Las Cruces, part.day per diem-12.0 hrs			0.00	$ 30.00		30.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
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						0.00			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
				TOTALS	0	0.00	420.00	0.00	420.00
				ADVANCE AMOUNTS 60%					
				ADJUSTED REIMBURSEMENT					

Per Diem is Based on (Check One)
ACTUAL EXPENSES ☐
APPROVED RATES X

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverage. I further certify that no further payment will be sought for the travel/training covered by this voucher.

Employee Signature Date

X Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA Regulations Governing the Per Diem and Mileage Act.

I, Gayle Nash (TYPE PAYEE NAME)
I DO SOLEMNLY SWEAR THAT THE ABOVE CLAIM FOR REIMBURSEMENT IS JUST AND TRUE IN ALL RESPECTS AND COMPLIES WITH THE DFA REGULATIONS GOVERNING THE PER DIEM AND MILEAGE ACT.

PAYEE SIGN HERE: Gayle Nash DATE: 2-15-2013

I ACKNOWLEDGE THAT THIS EMPLOYEE HAS EXCEEDED THE $1,500 PER CALENDAR YEAR FOR TRAVEL
SECTION 10-8-5 (I), NMSA 1978

Signature (DOH-General Accounting Use Only) Date

Signature required on overnight lodging exceeding $215.00 per night: ____________

New Mexico Department of Health
Travel and Training Request Form

Employee Information	**Employee Name:**	Gayle Nash	**Position:**	CNO
	Department ID and Fund:	6001001000	**Telephone:**	505-690-1065
	Post of Duty:	Las Cruces	**Residence:**	Las Cruces

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☑ **Check if state vehicle**		☐ **Check if personal vehicle**	**License #:**	001768-SG
	Year: 2011	**Make:**	Nissan	**Model:**	Altima

Trip/Training Information	**Please provide agendas, itineraries and any relevant documents.**	
	Course Name:	Meeting with staff at FBMC and continue trip to Santa Fe to meet with Secretary/staff
	☑ **Check if training is required**	☐ **Check if Continuing Education credits will be granted**

Travel Information	**Date of Request:**	01/25/13	**Destination:**	Silver City and Santa Fe			
	Departure Date: (month/day/yr)	01/28/13	**Time:**	06:00 AM	**Return Date:** (month/day/yr)	2/1/13	**Time:** 06:00 PM
	☑ **In-State** ☐ **Out-of-State** ☐ **Training** ☐ **Time Only** ☐ ***Actuals** ☐ **No cost to State/Paid By:**						

*** If actuals are requested:** Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		**542100: In-State Mileage: @ .41 per mile**	$ 0.00
546800: Registration – Employee		**542200: In-State Per Diem: 3 @ $85/day**	$ 255.00
546800: Registration – Vendor		**Santa Fe Only: 1 @ $135/day**	$ 135.00
549600: Airline Cost – Vendor		**549700: Out-of-State Per Diem: @ $115/day**	$ 0.00
Airline Cost – Employee		**Actuals: @ /day**	$ 0.00
Baggage Fee		**With meals: @ $45/day**	$ 0.00
Shuttle Fee		**Partial day: @ $12/2-6 hrs**	$ 0.00
Taxi Fee		**Partial day: @ $20/6-12 hrs**	$ 0.00
Parking Fee		**Partial day: 1 @ $30/12 or more hrs**	$ 30.00
Mileage @ .41 per mile	$ 0.00	**Total reimbursement to employee**	$ 420.00
Miscellaneous Expense: days @ $6 per day	$ 0.00	**Total cost of trip**	$ 420.00
Car Rental: days @ per day	$ 0.00		

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

Gayle Nash — **Employee Signature**

2-15-2013 — **Date**

Supervisor/Bureau Chief Signature

Date

Division Director/Hospital Administrator
(As per specific division requirements)

Date

James Lucero — **Cabinet Secretary Signature**
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)

Date

Updated January 5, 2012